

Sheet 1 of 2

THIS FORM REPLACES DR FORM 40, JAN 02  
PREVIOUS EDITIONS WILL BE DESTROYED

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

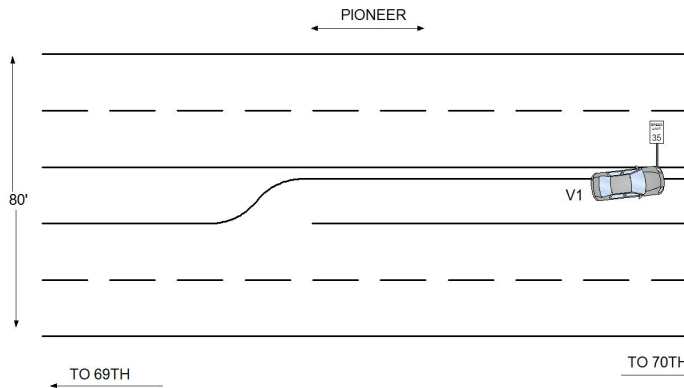
AGENCY CASE NO.  
**B6-042554**



Indicate  
North  
by Arrow

POI - APPX 39' W OF W CURB OF 70TH.  
APPX 25' S OF N CURB OF PIONEER.

NO SKIDS



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

DRIVER OF VEH 1 SAID HE WAS EB ON PIONEER IN THE TURN POCKET TO TURN NB ON 70TH. D1 SAID HE SOMEHOW WENT ONTO THE MEDIAN AND STRUCK THE SIGN ON THE MEDIAN.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	SIGN POST	CITY OF LINCOLN	949 W. BOND, LINCOLN, NE 68521	4024417711	\$ 50
<b>WITNESSES</b>	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		PIONEER										
2															
1	01				06 Turning left										
2					08 Entering traffic lane										
					<div style="display: flex; justify-content: space-between;"> <div> VEHICLE 1  POINT OF IMPACT: 08  MOST DAMAGED AREA: 08 </div> <div> VEHICLE 2  POINT OF IMPACT:   MOST DAMAGED AREA:   </div> </div>										
					<div style="display: flex; justify-content: space-between;"> <div> 00 None 09 Top &amp; windows 10 Undercarriage 11 Total (all areas) 12 Other </div> <div> 02 03 04  01 05  08 07 06 </div> </div>										
					<div style="display: flex; justify-content: space-between;"> <div> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown </div> <div> 1 None used - vehicle occupant 2 Lap &amp; shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown </div> </div>										
					<div style="display: flex; justify-content: space-between;"> <div>VEHICLE 2</div> <div>VEHICLE 2</div> </div>										

OFFICER NO.	TROOP/ TEAM/ BEAT	DEPARTMENT	Photographs taken?	
830	4	Lincoln Police Department	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT	
Greg Cody	Approved by Officer Greg Cody	05/16/2016	